



Bear River Youth Program Membership Application

Bear River Child Care/Education Department

Youth ages (6-17 yrs)

266 Keisner rd. Loleta CA 95551

(707) 298-0815

(707)733-1900 ext 368

Member Information:

First Name _____ Last Name _____ Middle _____

Birth Date ____/____/____ Gender _____ School _____ Grade _____

Home Address _____ City _____ State _____ Zip _____

Tribal Roll # _____ Member of a tribal household? Yes / No

Primary Parent/Legal Guardian Information:

First Name _____ Last Name _____ Middle _____

Address same as youth member listed above? Yes / No Tribal affiliation: _____

If No, please list your address below.

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work Phone _____

What is the best way to contact you? _____

Secondary Parent/Legal Guardian Information:

First Name _____ Last Name _____ Middle _____

Home Address _____ City _____ State _____ Zip _____

Address same as youth member listed above? Yes / No Tribal affiliation: _____

If No, please list your address below.

Home Phone _____ Cell _____ Work Phone _____

What is the best way to contact you? _____

Please list any other adults who have your permission to pick up your child:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____



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Medical Information:

Does the member have any physical, emotional, or other conditions that might impact the member's use of the program? Yes / No

If yes, please explain:

Known Allergies (Medical, Food, Seasonal, Animal) :

Physical impairments or limitations (please explain):

Medication Taken Regularly (please list):

Other information that the Bear River Youth Program staff should be aware of:

All enrolled members must be current with all required immunizations prior to attending, please submit a copy of your child's immunization records to the program coordinator for enrollment to be completed.

Medical Insurance: _____

Policy Number: _____

Medical Provider: _____

Emergency Contact (Please list 2 contacts)

- 1) First Name _____ Last Name _____ Relation _____
Home Phone _____ Cell _____ Work Phone _____
- 2) First Name _____ Last Name _____ Relation _____
Home Phone _____ Cell _____ Work Phone _____



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Offsite Emergency Information

Name _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____

If the person being transported is a minor (under the age 18), the following section must be completed

Parent/Legal Guardian:

Home Phone _____ Cell _____

Best way to contact you in case of emergency _____

Emergency contact (other than legal guardian) _____

Relationship _____ Phone Number _____

Does the person being transported have any special dietary needs, allergies, or any health problems which the Bear River Youth Program staff should be aware of? Yes _____ No _____

If yes, please explain:



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Transportation Waiver & Release

I, _____, give my consent for my child named below to be transported by the Bear River Band of Rohnerville Rancheria Youth Program and will assume all liability for my child or their participation in this activity and any injury that may result during the provided transport or at the activity.

Furthermore:

- 1) I will not hold the Bear River Band of Rohnerville Rancheria, its employees, agents, assigns, or anyone acting on its behalf liable for injury or death occurring to the person named herein in the course of the activity or travel.
- 2) I accept financial responsibility for personal items lost by the person named herein.
- 3) I authorize the Bear River Band of the Rohnerville Rancheria Youth Program to obtain, through medical personnel of its own choice, any emergency medical care that may become reasonably necessary for the person named herein in the course of such activities and travels and, additionally, agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
- 4) If by law my child requires a booster seat, I am responsible for providing a car seat/booster seat and installing it in the vehicle.
- 5) I accept full responsibility and hereby grant permission for me or my minor child to travel with the Bear River Band of the Rohnerville Rancheria Youth Program.

I have read the Bear River Youth Program Transportation guidelines, and I understand that limited transportation is available on a first come, first served basis. I give permission for Bear River staff members to transport the above named to and from local cultural, extra-curricular, and educational events and activities and hereby agree to all terms of this waiver and vehicle code of conduct.

Vehicle Code of Conduct

Violation of the Code of Conduct may result in vehicle transportation privileges being suspended for a duration to be determined by the Bear River Youth Program Coordinator

- Remain respectful of all people around you
- Wear a safety belt at all times when traveling
- Remain in your seat and do not be disruptive to those around you or the driver
- Follow all other conduct rules that apply to events held by the Bear River Youth Program

Name of Member being Transported _____ Date _____

Print Parent/Legal Guardians Name _____ Date _____

Signature of Parent/ Legal Guardian _____ Date _____



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Off-Site Outings Permission

I hereby give consent for _____ to participate in Bear River Youth Program, Social Services, and or Culture department off-site sponsored activities, including (please check all that apply)

— Swimming at Bear River Casino Resort/ Arcata Community Pool/ Cal Courts/Health sport

— Bowling, arcades, mini golf, laser tag, skating rinks, Movie Theater, Bear River F.E.C.

— Hiking/outings at locations throughout Humboldt and Del Norte Counties

— Community events throughout Humboldt and Del Norte Counties

— Cultural ceremonies and activities throughout Humboldt and Del Norte Counties

— Boys/Girls Group (1st and 3rd Wednesday of the month, except during summer camp)

Your child will not be able to participate in events associated with any unchecked item.

Print Name _____

Signature of Parent/Legal Guardian _____

Signed this _____ day of _____, 20____.



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Bear River Youth Program Summer Camp Program Consent

I hereby give consent for _____ to participate in Bear River Youth Summer Programming.

Please initial below

_____ I hereby give permission for my child to participate in Bear River Band of the Rohnerville Rancherias Youth Summer Programming.

_____ I fully understand that the summer program activities are voluntary. I may revoke or modify this authorization at any time by notifying the Youth Program Coordinator in writing.

_____ I understand that my child may be transported by Bear River staff during his/her participation in a Bear River Youth Program summer activity or event.

_____ I have reviewed the code of conduct with my child and agree to the behavior guidelines outlined for all youth program participants.

Signature of Parent/Legal Guardian _____

Signed this _____ day of _____ 20_____.



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Bear River Youth Program Media Release

I give Bear River Band of Rohnerville Rancheria permission to have _____'s name listed as a Bear River Youth Program participant and authorize any future use of his or her photo and or statements for media and promotional campaigns. This may include being used in newsletters, news releases, newspaper articles, media interviews, PSAs, media projects, the Bear River Youth Program Facebook page, and other media entities.

Print Name _____

Signature of Parent/Legal Guardian _____

Signed this _____ day of _____, 20 _____

Bear River Youth Program Computer Use Permission

I give _____ permission to use the computers including use of the internet during the allotted time for computer use at the Bear River Youth Program. I understand and agree to the Computer and Internet policy, which I was given a copy of.

Printed Youth Name _____

Signature of Youth _____

Printed Parent/Legal Guardian _____

Signature Parent/Legal Guardian _____

TV/Movies

From time to time our youth may have the opportunity to watch a movie or tv. The movies that will be viewed are usually for educational purposes or during seasonal celebrations, such as Halloween or Christmas, etc. Movies may be rated G or PG.

I, _____, give permission to Bear River Youth Program to allow my child, _____, to watch the G or PG movies for educational purposes or during seasonal celebrations.

____ I do NOT grant permission for my child to watch the G or PG movies.

Parent Signature _____ Date _____